

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/	/		
2			/	/		
3			/	/		
4			/	/		
5			/	/		
6			/	/		
7			/	/		
8			/	/		
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43			/	/		
44			/	/		
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51			/	/		
52			/	/		
53			/	/		
54			/	/		
55			/	/		
56			/	/		
57			/	/		
58			/	/		
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93			/	/		
94			/	/		
95			/	/		
96			/	/		
97			/	/		
98			/	/		
99			/	/		
100			/	/		
Total Indep						
Total Depend						
Total Claims						